

# APPLICATION FOR PHARMACIST LICENSURE RENEWAL

## ATTACHMENT 1

### VACCINE CERTIFICATION RENEWAL FORM

Please print clearly in ink or type in upper case letters only.

Name	Date	License Number
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#### **CPR Certification**

A Current CPR Certification card is required. Please attach a copy of the CPR card (front and back) to this application. **The certification must be obtained through in-person classroom instruction.**

Copy of CPR Card attached to this application? ☐ YES ☐ NO

#### **Continuing Education Credit Hours (CEs)**

The four (4) hours needed to renew your Vaccine Certification may count towards the total 30 total CEs required to renew your license. All Vaccination Certification Course must include the current guidelines and recommendations of the Centers for Disease Control and Prevention.

CE Topic	CE Program Name	ACPE Number	# of Credit Hours	Date

I affirm under penalty of perjury, that the information I have given on this record is true and correct to the best of my knowledge and belief.

Signature

Date

